

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005170

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

112

FILED FEB 25 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Brookfield</b>	
Length of stay in 1b <b>5 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ellis Fischel State Cancer</b>		d. STREET ADDRESS (If outside, give location) <b>904 Laclede Ave</b>	
3. NAME OF DECEASED (Type or print) <b>John Vardamun Bennett</b>		4. DATE OF DEATH Month <b>February</b> Day <b>18</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Marital Status <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	8. DATE OF BIRTH <b>12-14-87</b>
9. AGE (last birthday) <b>75</b>		10. IF UNDER 1 YEAR Months <b>3</b> Days <b>10</b> Hours <b>5</b> Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>rail road</b>		12. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
13a. FATHER'S NAME <b>John W. Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		15. SOCIAL SECURITY NO. <b>unknown</b>	
16. INFORMANT <b>Hospital Records- Columbia, Missouri</b>		17. NAME OF HUSBAND OR WIFE <b>Elizabeth Bennett</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Pulmonary Insufficiency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Pulmonary Emphysema</b>		<b>10 Years</b>	
DUE TO (c) <b>Arteriosclerotic Cardiovascular Disease</b>		<b>5 Years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Epidermoid Carcinoma Rt. Nasis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>8:45</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Columbia, Missouri</b>		COUNTY <b>Linn</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>13 February, 1963</b> to <b>18 February, 1963</b> last saw her alive on <b>18 February, 1963</b>		Death occurred at <b>18 February, 1963 8:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>W. J. Smith Jr., M.D.</b>		22b. ADDRESS <b>Ellis Fischel Hospital, Columbia, Missouri</b>	
22c. DATE SIGNED <b>2-18-63</b>		22d. LOCATION (City, town, or county) <b>Brookfield</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Funeral</b>		23b. DATE <b>2-18-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mo</b>		23d. LOCATION (City, town, or county) <b>Brookfield</b>	
24. FUNERAL DIRECTOR <b>Harber Funeral Service</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 18, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>			

USE BLACK INK

OR

TYPEWRITER RIBBON

FEB 22 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

**Student:** \_\_\_\_\_

**Signature of Student Embalmer**

**Signed**

Licensed Embalmer No.

P.O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.